



APPLICANT INFORMATION FORM

(We are an Equal Opportunity Employer)

Position Desired: _____ When are you available for work? _____

Placement Desired: Full Time Part Time Temporary

APPLICANT'S STATEMENT

I understand that SED International, Inc. is committed to providing equal opportunity in all employment practices including but not limited to selection, hiring, promotion, transfer and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability or any other category protected by federal, state or local law.

In making this application for employment, I understand that the Company may investigate my driving record, criminal and/or consumer reports (credit records) and that an investigative consumer report may be made, whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, financial responsibility and mode of living. I understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report.

I authorize former and present employers, work and personal references listed in the application, and any other individuals I may name, to give the Company or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the Company. I also authorize the Company to provide truthful information concerning my employment with it to future employers, and I agree to hold it harmless for providing such information.

I understand that the Company reserves the right to the extent permitted by law, to require drug screening test of an applicant or an employee either prior to employment or any time during employment, and I hereby give my consent to any such tests. I consent to the release of the results of any such test to the Company or its designees. I release the Company and its designee from any and all liability and damages which may result or arise from any drug test of the provision of information in connection with such a test.

I understand that this employment application and any other Company documents are not promises of employment. Should I be employed, I further understand that my employment will be on a trial period ninety days from the date of my hiring. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice, and the Company has a similar right. I understand that no manager, representative or agent of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that a corporate officer may do so in writing.

I also understand that I may be required from time to time as a condition of my initial or continued employment to sign certain confidential information and/or non-competition agreements.

The information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT.

Date

Signature of Applicant

PERSONAL DATA

Each inquiry on this application must be fully answered and completed. Otherwise, you will not be considered for employment.

Name: _____
 (Print) Last First Middle

Social Security Number: _____

Present Address: _____
 Street/Number City State Zip

How long have you lived there? _____
 Years Months

Previous Address: _____
 Street/Number City State Zip

How long have you lived there? _____
 Years Months

Telephone Number: _____

Are you 18 years or older? Yes No

If hired, can you provide proof that you are legally entitled to work in the United States? Yes No

List other names which you have used, which will be necessary for us to check your educational record, prior employment, credit record or other information provided during our pre-employment process:

Have you ever worked for this Company before? Yes No If yes, please give dates and position.

Do you have friends or relatives working for our Company? Yes No
 If yes, Name: _____ Relationship: _____ Location Employed: _____

How were you referred to us? _____

Have you ever pled "no contest" or "guilty" to a crime? Yes No If yes, give details.
 (Use attached sheet of paper, if necessary to fully explain. Answering "yes" to this question does not automatically bar employment here.) _____

Do you have any commitments to any other employer which may affect your employment? Yes No
 If yes, explain. _____

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Course of Study/Major	Specialized Training, Experience, Skills and Extra Curricular Activities
High School:	1 2 3 4			
College/Univ:	1 2 3 4			
Graduate/Prof:	1 2 3 4			
Trade/Correspon:				

Other: (List training programs or other educational experiences which may be relevant to the position for which you are applying.) _____

PERSONAL REFERENCES

Please list persons who you know well. Not previous employers or relatives.

Name	Occupation	Address	Telephone	Years Known

RECORD OF PREVIOUS EMPLOYMENT

Please list the name of your present or previous employers in chronological order with present or last employer listed first. If self-employed, give firm name and supply business references.

Previous Employer	Employed <i>From (MM/YY)</i>	Pay <i>Start</i>	Your Title/Position	Major Job Duties
Address/Telephone	<i>To (MM/YY)</i>	<i>Final</i>	Supervisor Name/ Title	Reason for Leaving
Previous Employer	Employed <i>From (MM/YY)</i>	Pay <i>Start</i>	Your Title/Position	Major Job Duties
Address/Telephone	<i>To (MM/YY)</i>	<i>Final</i>	Supervisor Name/ Title	Reason for Leaving
Previous Employer	Employed <i>From (MM/YY)</i>	Pay <i>Start</i>	Your Title/Position	Major Job Duties
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Previous Employer	Employed <i>From (MM/YY)</i>	Pay <i>Start</i>	Your Title/Position	Major Job Duties
Address/Telephone	<i>To (MM/YY)</i>	<i>Final</i>	Supervisor Name/ Title	Reason for Leaving

Have you ever been terminated or asked to resign from any job? Yes No If yes, please explain circumstances.

Please explain fully any gaps in your employment history. (Including military service and any period of unemployment.)

May we contact your current employer? Yes No If no, please explain.
